

Modified PTO/SB/01 (10-01)  
Approved for use through 10/31/2002, OMB 0651-0052  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION AND POWER OF  
ATTORNEY FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Dock t Number

Google-47 (GP-108-00-US)

First Named Inventor

Georges R. HARIK

**COMPLETE IF KNOWN**

Application Number

10/614,736

Filing Date

June 30, 2003

Art Unit

2171

Examiner Name

Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SERVING ADVERTISEMENTS USING A SEARCH OF ADVERTISER WEB INFORMATION

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

June 30, 2003

as United States Application Number or PCT International

Application Number

10/614,736

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |         |                                     |                          | YES                      | NO                       |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Modified PTO/SB/01 (10-01)  
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## **DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application**

### **Power of Attorney:**


**As a named inventor, I hereby appoint:**

**John C. Pokotylo (Reg. No. 36,242)  
Michael P. Straub (Reg. No. 36,941)  
Ronald P. Straub (Reg. No. 48,941)  
Kulpreet Rana (Reg. No. 43,127)  
Karl Sun (Reg. No. 45,143)  
Amin Zoufonoun (Reg. No. 48,065)**

**as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.**

Modified PTO/SB/01 (10-01)  
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## DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                          |                                                                               |             |                                                          |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------------|-------------------------------------------------------------------------------|-------------|----------------------------------------------------------|-----------------|
| Direct all correspondence to: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                         |  | Customer Number<br>or Bar Code Label |                          | 26479                                                                         |             | OR <input type="checkbox"/> Correspondence address below |                 |
| Name Straub & Pokotylo                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                      |                          |                                                                               |             |                                                          |                 |
| Address 620 Tinton Avenue, Bldg. B, 2 <sup>nd</sup> Floor                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                      |                          |                                                                               |             |                                                          |                 |
| City Tinton Falls                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                      |                          | State NJ                                                                      |             | ZIP 07724-3260                                           |                 |
| Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                      | Telephone (732) 542-9070 |                                                                               |             | Fax (732) 542-9071                                       |                 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                      |                          |                                                                               |             |                                                          |                 |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                                                          |                 |
| Given Name<br>(first and middle [if any]) Georges R.                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                      |                          | Family Name<br>or Surname Harik                                               |             |                                                          |                 |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                |  |                                      |                          |                                                                               |             | Date 10-30-2003                                          |                 |
| Residence: City Mountain View                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                      | State CA                 |                                                                               | Country USA |                                                          | Citizenship USA |
| Mailing Address 950 High School Way, Apt. #3135                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                          |                                                                               |             |                                                          |                 |
| City Mountain View                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                      | State CA                 |                                                                               | ZIP 94041   |                                                          | Country USA     |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                      |                          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                                                          |                 |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                      |                          | Family Name<br>or Surname                                                     |             |                                                          |                 |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                      |                          |                                                                               |             | Date                                                     |                 |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      | State                    |                                                                               | Country     |                                                          | Citizenship     |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                      |                          |                                                                               |             |                                                          |                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                      | State                    |                                                                               | ZIP         |                                                          | Country         |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet( ) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                       |  |                                      |                          |                                                                               |             |                                                          |                 |